

# Bereskin & Parr

INTELLECTUAL PROPERTY LAW

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Appl. No : 10/660,528 Confirmation No.: 5313  
Applicant : JACKSON et al.  
Filed : September 12, 2003  
Title : COLUMN HUNG SHORING BRACKET AND SLAB SUPPORT  
TRUSS SYSTEM  
TC/A.U. : 3673  
Examiner : SAFAVI, Michael  
  
Docket No. : 12963-14  
Customer No. : 001059

Mail-Stop Non-Fee Amendment  
Honorable Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

January 22, 2007

## RESPONSE

Sir:

This is in response to the Office Action dated October 26, 2006.

**Amendments to the Claims**, if any, are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

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PTO/SB/21 (07-06)


Approved for use through 09/30/2006. OMB 0651-0031


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/680,528	
	Filing Date	September 12, 2003	
	First Named Inventor	JACKSON	
	Art Unit	3873	
	Examiner Name	SAFAVI, Michael	
Total Number of Pages in This Submission	13	Attorney Docket Number	12983-14

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Boroskin & Parr		
Signature			
Printed Name	James A. Raskman		
Date	January 22, 2007	Reg. No.	56,624

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Vicky Madeiros	Date	January 22, 2007

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